Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ONE FOCUS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1988

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FOCUS OPERATING, LLC

1325 AVENUE OF THE AMERICAS
11TH FL
NEW YORK, NY 10019

2b Employer Identification Number (EIN)
20-8161914

2c Plan Sponsor's telephone number
646-519-2456

2d Business code (see instructions)
523900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	GENNARO CICALESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name THE COLONY GROUP, LLC

c Plan Name THE COLONY GROUP, LLC 401(K) PROFIT SHARING PLAN

4b EIN 90-0751149

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	1524
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1392
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1635
b	Retired or separated participants receiving benefits	**6b**	30
c	Other retired or separated participants entitled to future benefits	**6c**	261
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1926
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	1927
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	606
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1878
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2T 3B 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) [ ] **DCG** (Individual Plan Information) – Number Attached _____
- (5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached 0
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ONE FOCUS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOCUS OPERATING, LLC

D Employer Identification Number (EIN)
20-8161914

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SENTINEL BENEFITS GROUP, LLC

04-3015875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	N/A	44870	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BDMP ASSURANCE, LLP

99-4708358

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	N/A	25725	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ONE FOCUS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FOCUS OPERATING, LLC

D Employer Identification Number (EIN)
20-8161914

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE 25554

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0142858-094	C	4983165

a Name of MTIA, CCT, PSA, or 103-12 IE: SPA AGGRESSIVE PORTFOLIO R6

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-4599793-318	C	3646652

a Name of MTIA, CCT, PSA, or 103-12 IE: SPA GROWTH PORTFOLIO R6

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-4586721-317	C	2365640

a Name of MTIA, CCT, PSA, or 103-12 IE: SPA BALANCED PORTFOLIO R6

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-4576579-316	C	4913865

a Name of MTIA, CCT, PSA, or 103-12 IE: SPA MODERATE PORTFOLIO

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-4559880-315	C	1937877

a Name of MTIA, CCT, PSA, or 103-12 IE: SPA CONSERVATIVE PORFOLIO R6

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4139840-620	C	947502

a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	672432

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE 25053

b Name of sponsor of entity listed in (a): RELIANCE TRUST

c EIN-PN 46-6625485-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37999

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES CAPITAL PRESERV

b Name of sponsor of entity listed in (a): FEDERATED HERMES, INC.

c EIN-PN 22-2712853-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27240

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ONE FOCUS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOCUS OPERATING, LLC

D Employer Identification Number (EIN)
20-8161914

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	6856162	147027
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		3303319
(2) Participant contributions	1b(2)		173220
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4735505	13383882
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1018402	3411679
(9) Value of interest in common/collective trusts	1c(9)	33065737	19532372
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	206541752	557010784
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	17266276	68381102

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	269483834	665343385
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	269483834	665343385

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2631027	
(B) Participants	2a(1)(B)	20164521	
(C) Others (including rollovers)	2a(1)(C)	7135202	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		29930750
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	285774	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	109977	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		395751
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	10387389	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		10387389
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1603182
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		28061313
c Other income	2c		4936037
d Total income. Add all **income** amounts in column (b) and enter total	2d		75314422
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14706359	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		14706359
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	45640	
(4) IQPA audit fees	2i(4)	25725	
(5) Investment advisory and investment management fees	2i(5)	1429	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		72794
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14779153
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		60535269
l Transfers of assets:			
(1) To this plan	2l(1)		344625132
(2) From this plan	2l(2)		9300850

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BDMP ASSURANCE, LLP **(2)** EIN: 99-4708358

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		187500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
GELFAND, RENNERT & FELDMAN 401(K) PROFIT SHARING PLAN	81-5179315	001
FOCUS OPERATING,LLC 401(K) RETIREMENT PLAN	20-8161914	001
KOVITZ INVESTMENT GROUP PARTNERS, LLC EMPLOYEES' RETIREMENT PLAN	47-5657416	001
SAPIENT PRIVATE WEALTH MANAGEMENT 401(K) PLAN	45-3264817	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ONE FOCUS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FOCUS OPERATING, LLC

D Employer Identification Number (EIN)
20-8161914

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 58-1428634

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
	b	Enter the amount contributed by the employer to the plan for this plan year	6b
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☒ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704235A .

One Focus Retirement Plan

FINANCIAL STATEMENTS
and
SUPPLEMENTAL SCHEDULE

December 31, 2025 and 2024
With Independent Auditor's Report

BerryDunn
BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
One Focus Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of One Focus Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by banks or similar institutions or insurance carriers that are regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by banks or similar institutions or insurance carriers in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institutions).

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2 to the financial statements.
- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than U.S. generally accepted accounting principles. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting. This includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

BDMP Assurance, LLP

Manchester, New Hampshire
October 1, 2026

ONE FOCUS RETIREMENT PLAN

Statements of Net Assets Available for Benefits (Modified Cash Basis)

December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value		
Mutual funds	**$ 557,010,784**	$ 206,541,752
Money market funds	**13,383,882**	4,735,505
Common/collective trusts	**19,532,372**	33,065,737
Self-managed accounts	**68,381,102**	17,266,276
Total investments	**658,308,140**	261,609,270
Noninterest bearing cash	**147,027**	6,856,162
Notes receivable from participants	**3,411,679**	1,018,402
Net assets available for benefits	**$ 661,866,846**	$ 269,483,834

The accompanying notes are an integral part of these financial statements.

ONE FOCUS RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Year Ended December 31, 2025

Additions to net assets	
Investment income and interest on notes receivable from participants	
Net appreciation in fair value of investments	$ 34,600,532
Interest and dividends	10,783,140
Total investment income and interest on notes receivable from participants	45,383,672
Contributions	
Participants'	20,164,521
Employer	2,631,027
Rollovers	7,135,202
Total contributions	29,930,750
Total additions	75,314,422
Deductions from net assets	
Benefits paid to participants	14,706,359
Administrative expenses	72,794
Total deductions	14,779,153
Net increase	60,535,269
Transfers	
Transfers in from merged plans	341,148,593
Transfers out to related plans	(9,300,850)
Net transfers	331,847,743
Net assets available for benefits	
Beginning of year	269,483,834
End of year	$ 661,866,846

The accompanying notes are an integral part of these financial statements.

1. Description of Plan

The following description of One Focus Retirement Plan (formerly The Colony Group, LLC 401(k) Profit Sharing Plan) (the Plan) provides only general information. Participants should refer to the Plan provisions for more information.

General

The Plan is a tax-exempt, defined contribution retirement plan sponsored by Focus Operating, LLC (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Fidelity Brokerage Services, LLC (Fidelity) (the custodian) is the custodian of the Plan. Sentinel Benefits & Financial Group (Sentinel) is the recordkeeper of the Plan. Fidelity Personal Trust Company, FSB (the trustee) serves as a trustee to the Plan. Due to plan mergers that took effect on December 31, 2025, Charles Schwab Trust Bank also served as custodian and trustee for some of the merged plans' assets as of December 31, 2025.

In August 2025, a Plan resolution was signed where:

1) The Plan changed its sponsor from The Colony Group, LLC (which changed its name to Focus Partners Wealth, LLC during 2025) to the Company, an affiliated employer. Focus Partners Wealth, LLC remained a participating employer through December 31, 2025.
2) The Company adopted the Plan, with its employees eligible to participate in the Plan starting January 1, 2026.
3) The Plan changed its name to One Focus Retirement Plan.

These changes took effect on September 1, 2025.

During the year ended December 31, 2025, the Plan had the following plan mergers as a result of Plan sponsor mergers, acquisitions, and restructurings:

1) Merriman Retirement Plan, effective February 1, 2025
2) Adero Partners Profit Sharing Plan, effective May 1, 2025
3) Bordeaux Wealth Advisors, LLC 401(k) Plan, effective July 1, 2025
4) Focus Operating, LLC 401(k) Retirement Plan, effective December 31, 2025
5) Gelfand, Rennert & Feldman 401(k) Profit Sharing Plan, effective December 31, 2025
6) Gelfand, Rennert & Feldman Profit Sharing Plan, effective December 31, 2025
7) Kovitz Investment Group Partners, LLC Employees' Retirement Plan, effective December 31, 2025
8) SCS Capital Management 401(k) Plan, effective December 31, 2025
9) Edge Capital Group 401(k) Plan, effective December 31, 2025*
10) Spectrum Wealth Counsel, LLC 401(k) Retirement Plan, effective December 31, 2025*

11) Sonora Investment 401(k) Plan, effective December 31, 2025*
12) Cardinal Point Wealth Management Partners LLC 401(k) Profit Sharing Plan and Trust, effective December 31, 2025*
13) Transform Wealth 401(k) Plan, effective December 31, 2025*

* Although the effective merger date was December 31, 2025, the Company has determined the assets were legally transferred to the Plan after December 31, 2025 and thus the assets of these plans are not reflected in these financial statements.

Assets transferred into the Plan from the merged plans are recorded as transfers in from merged plans on the statement of changes in net assets available for benefits (modified cash basis). For purposes of participation, vesting, and benefit accrual under the Plan, all employees of the merged plans receive credit for all years of service with the plan sponsors of the merged plans.

During the year ended December 31, 2025, the Plan also had transfers out, resulting from participants transitioning to related plans. Assets transferred out of the Plan are recorded as transfers out to related plans on the statement of changes in net assets available for benefits (modified cash basis).

Eligibility

The Plan is available to all Company employees except leased employees, temporary or seasonal employees whose regularly scheduled service is less than 1,000 hours, and college students. The employee must be 21 years of age to participate in the Plan. Eligible employees may begin making elective deferrals to the Plan and are eligible for the employer 3% safe harbor nonelective contribution and the discretionary employer matching and profit sharing contributions, upon hire.

Effective January 1, 2026, the Plan also excludes union employees, nonresident aliens, residents of Puerto Rico, and interns from participation. The Plan was also amended to require 12 months of service before being eligible for employer nonelective contributions.

Vesting

Participants are fully vested in their account balances. Effective January 1, 2026, the Plan was amended so that employer profit sharing contributions vest ratably over a four-year period. This vesting schedule only applies to new profit sharing contributions.

Forfeitures

Participants who terminate their employment prior to becoming 100% vested forfeit their nonvested account balances. These benefits plus interest accumulated thereon are left in the Plan to offset employer contributions with any remainder used to pay administrative expenses. Primarily as a result of plan merger activity, the Plan had a remaining forfeited nonvested account balance as of December 31, 2025 and 2024 of $132,562 and $12,089, respectively. There were no forfeitures utilized by the Plan during 2025.

Contributions

Each year, eligible employees may make contributions to the Plan through salary deferrals up to 100% of eligible compensation, as defined in the Plan. The maximum amount that a participant may contribute is limited by provisions of the Internal Revenue Code (the Code).

The Company provides a 3% safe harbor nonelective contribution as well as discretionary employer matching and profit sharing contribution on eligible Plan compensation. There were no discretionary employer matching and profit sharing contributions for the Plan year ended December 31, 2024. The employer contributions reflected in the statement of changes in net assets available for benefits (modified cash basis) reflect those employer contributions that were attributable to the Plan year ended December 31, 2024 but were remitted to the Plan during the year ended December 31, 2025. Participants with ownership interests of Initium, LLC (MA LLC) of 5% or more are excluded from the safe harbor nonelective contribution.

Effective January 1, 2025, the Plan discontinued the safe harbor nonelective contribution and replaced it with a discretionary matching contribution. Participants who work 1,000 hours or more in a Plan year will be eligible for the discretionary matching contribution. The discretionary matching contribution is fully vested.

Effective January 1, 2026, the Plan was amended to require participants work 1,000 hours or more in a Plan year and be employed as of the last day of the Plan year to be eligible for the discretionary profit sharing contribution as well.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's and employer's contributions and an allocation of investment income. A participant's account shall be reduced by any distributions, investment losses, and certain administrative expenses. Allocations are based on participants' earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1% above the prime rate, as defined. Effective July 31, 2022, the Plan was amended to set the interest rate for notes receivable from participants established after the effective date to the U.S. prime rate. Principal and interest is paid ratably through payroll deductions.

Investments

Upon enrollment in the Plan, a participant may direct his or her account balance among the various investments offered by the Plan. The Plan currently offers investments in self-managed accounts, shares of mutual funds, money market funds, and common/collective trusts.

Payments of Benefits

Participants shall become eligible to receive their vested account balances upon retirement (normal retirement age is 65), death, disability or termination. Participants may withdraw their account balances upon reaching age 59½. Participants may receive their benefit payments as a lump-sum payment, unless required to take a partial withdrawal as a required minimum distribution. In addition, hardship withdrawals are allowed.

Effective April 30, 2024, former participants of the InterOcean Capital Group, LLC 401(k) Profit Sharing Plan are allowed to take an in-service distribution at age 55 and five years of service from transferred profit sharing contributions only.

Effective January 1, 2026, former participants of the Spectrum Wealth Counsel, LLC 401(k) Retirement Plan may take an in-service distribution at age 55 from transferred match and profit sharing contributions only.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting. Accordingly, revenue and related assets are recognized when received, rather than when earned, and expenses are recognized when paid, rather than when incurred.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, and changes therein, and disclosure of contingent assets and liabilities, at the date of the financial statements. Actual results could differ from those estimates.

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of the common/collective trusts are valued at the underlying net asset value (NAV) of units held by the Plan at year-end. See Note 8 for a discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the cash basis. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses

Certain administrative expenses are paid by the Plan.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management has considered transactions or events occurring through October 1, 2026, the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

3. Income Tax Status

The Plan obtained its latest opinion letter on November 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

4. Information Prepared and Certified by the Trustees

The investments, investment transactions, net appreciation in fair value of investments, and interest and dividends were obtained by management and agreed to or derived from the information certified by the trustees as complete and accurate. This information is included in the following:

- Statements of Net Assets Available for Benefits (Modified Cash Basis);
- Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis); and
- Schedule H, line 4i – Schedule of Assets (Held at End of Year).

5. Parties-In-Interest

Certain Plan investments are managed by the custodians and Sentinel; therefore, these transactions qualify as party-in-interest transactions. The administrative expenses paid by the Plan for 2025 were $72,794, and qualify as party-in-interest transactions as they are related to recordkeeper, investment advisor, and audit fees incurred by the Plan.

6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and these changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits (modified cash basis).

8. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement,* establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2025 and 2024:

Mutual funds and money market funds: Valued at the quoted market price of shares held by the Plan at year-end.

Common/collective trusts: Valued based on inputs that are derived principally from or corroborated by observable market data by correlation of the underlying assets and valued using the market approach based on the NAV of the units held by the Plan at year-end. The NAV is provided by Sentinel and is used as a practical expedient to estimate fair value. The SPA common/collective trusts require advance written notice of five business days for withdrawals which will exceed $1 million of the assets invested in each common/collective trust. The Morley Stable Value common/collective trust requires a 12-month notice period prior to withdrawal of funds, unless the withdrawal is to a noncompeting option. The MetLife Stable Value Solutions Fund and MetLife GAC Series 25053 Class 35 common/collective trusts do not require a notice period prior to withdrawal of funds. The Federated Hermes Capital Preservation Fund R6P common/collective trust does not require a notice period prior to withdrawal of funds for routine transactions. Withdrawals from the common/collective trust for other purposes generally require 12 months' advance written notice.

Self-managed accounts: These accounts generally consist of interest-bearing cash, bonds, exchange-traded funds, and mutual funds valued at the closing price reported in the active markets on which the individual securities are traded and thus are classified as Level 1.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Assets at Fair Value

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 557,010,784	$ -	$ -	$ 557,010,784
Money market funds	13,383,882	-	-	13,383,882
Self-managed accounts	68,381,102	-	-	68,381,102
Total assets in the fair value hierarchy	$ 638,775,768	$ -	$ -	638,775,768
Common/collective trusts measured at NAV as a practical expedient				19,532,372
Total				$ 658,308,140

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 206,541,752	$ -	$ -	$ 206,541,752
Money market fund	4,735,505	-	-	4,735,505
Self-managed accounts	17,266,276	-	-	17,266,276
Total assets in the fair value hierarchy	$ 228,543,533	$ -	$ -	228,543,533
Common/collective trusts measured at NAV as a practical expedient				33,065,737
Total				$ 261,609,270

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of: (i) receivables and (ii) transfers in from merged plans in the accompanying financial statements for the year ended December 31, 2025 to: (i) receivables and (ii) transfers of assets to this plan per Form 5500:

Total receivables per the financial statements	$ -
Receivables related to merged plans	3,476,539
Receivables per Form 5500	$ 3,476,539
Transfers in from merged plans per the financial statements	$ 341,148,593
Receivables related to merged plans	3,476,539
Transfers of assets to this plan per Form 5500	$ 344,625,132

ONE FOCUS RETIREMENT PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: #20-8161914 Plan #002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Govt Cash Reserves	**	$ 54,129
*	Fidelity	Advisor International Growth CL Z	**	8,996,972
*	Fidelity	Advisor Total Bond CL Z	**	15,467,564
*	Fidelity	Government Money Market Premium	**	11,103,478
*	Fidelity	Emerging Mkts Fund K	**	184,557
*	Fidelity	Emerging Mkts Index	**	1,295,933
*	Fidelity	Small Cap Index	**	5,776,240
*	Fidelity	Us Bond Index Fd	**	1,624,223
*	Fidelity	500 Index Fd	**	32,849,758
*	Fidelity	Emerging Markets Fund Class A	**	3,646,317
*	Fidelity	Intl Index Fd	**	4,115,366
*	Fidelity	Large Cap Growth Index Fd	**	2,521,696
*	Fidelity	Mid Cap Index	**	1,386,447
	GQG	Partners Emerging Markets Equity R6	**	3,764,860
	American Funds	2055 Target Date R6	**	1,045,725
	American Funds	2020 Target Date R6	**	221,480
	American Funds	2030 Target Date R6	**	1,118,013
	American Funds	2035 Target Date R6	**	219,559
	American Funds	2040 Target Date R6	**	2,152,341
	American Funds	2045 Target Date R6	**	1,278,033
	American Funds	2050 Target Date R6	**	5,273,445
	American Funds	2060 Target Date R6	**	1,851,431
	American Funds	2065 Target Date R6	**	654,626
	Cohen & Steers	Global Realty Z	**	171,050
	Janus Henderson	Enterprise N	**	4,116,711
	Loomis Sayles	Small Cap Growth N	**	2,639,984
	MFS	Growth CL R6	**	12,700,365
	MFS	Mid Cap Value R6	**	3,925,800
	MFS	International Growth R5	**	3,050,700
	Vanguard	Total International Stock Index Admiral	**	18,606,583
	Vanguard	Equity Income Admiral	**	15,779,831
	Vanguard	Mid Cap Index Admiral	**	15,721,585
	Vanguard	Small Cap Index Admiral	**	17,485,435
	Vanguard	500 Index Admiral	**	60,144,494
	Vanguard	Total Bond Market Index Admiral	**	8,748,553
	Vanguard	2020 Target Retirement Fund	**	4,550,138
	Vanguard	2025 Target Retirement Fund	**	11,815,625
	Vanguard	2030 Target Retirement Fund	**	18,846,693
	Vanguard	2035 Target Retirement Fund	**	28,261,766
	Vanguard	2040 Target Retirement Fund	**	14,022,371
	Vanguard	2045 Target Retirement Fund	**	20,608,585
	Vanguard	2050 Target Retirement Fund	**	18,655,272
	Vanguard	2055 Target Retirement Fund	**	17,432,724
	Vanguard	2060 Target Retirement Fund	**	9,273,664

ONE FOCUS RETIREMENT PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: #20-8161914 Plan #002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard	2065 Target Retirement Fund	**	$ 5,385,575
	Vanguard	2070 Target Retirement Fund	**	345,690
	Vanguard	Target Retirement Income Fund	**	1,502,226
	Vanguard	Target Retirement Income Inv	**	1,522,931
	Vanguard	Growth Index Admiral Shares	**	17,013,090
	Vanguard	Intermediate-Term Treasury Index	**	2,102,538
	Vanguard	Short-Term Inflation-Protected Securities Index	**	691,382
	Vanguard	Developed Markets Index Admiral	**	4,663,587
	Vanguard	Total Stock Market Index Admiral	**	20,397,714
	Vanguard	Wellington Fund Admiral Shares	**	535,936
	Vanguard	Large Cap Index Fund Institutional	**	19,244,284
	Vanguard	Real Estate Index Fund Admiral	**	141,160
	Vanguard	Value Index Admiral	**	463,012
	Victory Sycamore	Victory Sycamore Established Value I	**	1,040,253
	Blackrock	Strategic Income Operates K	**	6,620,518
	PGIM	High Yield CL R6	**	1,793,064
	Morley	Stable Value Fund	**	672,432
*	Great Gray Trust Company	MetLife Stable Value Solutions Fund	**	4,983,165
*	Great Gray Trust Company	SPA Aggressive Portfolio R6	**	3,646,652
*	Great Gray Trust Company	SPA Growth Portfolio R6	**	2,365,640
*	Great Gray Trust Company	SPA Balanced Portfolio R6	**	4,913,865
*	Great Gray Trust Company	SPA Moderate Portfolio R6	**	1,937,877
*	Great Gray Trust Company	SPA Conservative Portfolio R6	**	947,502
	DFA	U.S. Targeted Value Portfolio Institutional	**	7,704,373
	DFA	Global Real Estate Securities Portfolio	**	2,195,741
	DFA	International Small Company Portfolio Inst	**	2,908,830
	DFA	U.S. Large Cap Value Portfolio III	**	1,429,663
	DFA	International Value Portfolio III	**	1,940,130
	DFA	International Small Cap Value Portfolio	**	4,654,608
	DFA	Emerging Markets Core Equity Portfolio	**	3,038,955
	DFA	Intermediate Govt Fixed Income Portfolio Inst	**	829,523
	DFA	International Core Equity Portfolio Institutional	**	1,694,208
	DFA	U.S. Vector Equity Portfolio Institutional	**	342,910
	DFA	U.S. Small Cap Value Portfolio	**	2,181,455
	DFA	Emerging Markets Portfolio Institutional	**	1,104,735
	John Hancock	Disciplined Value International Fund R6	**	1,209,975
	John Hancock	Disciplined Value Mid Cap Fund R6	**	967,197
	Nuveen	2015 Lifecycle Index R6	**	16,975
	Nuveen	2020 Lifecycle Index R6	**	321
	Nuveen	2025 Lifecycle Index R6	**	14,039
	Nuveen	2030 Lifecycle Index R6	**	188,876
	Nuveen	2035 Lifecycle Index R6	**	448,490
	Nuveen	2040 Lifecycle Index R6	**	540,009
	Nuveen	2045 Lifecycle Index R6	**	895,640

ONE FOCUS RETIREMENT PLAN

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: #20-8161914 Plan #002

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Nuveen	2050 Lifecycle Index R6	**	$ 758,640
	Nuveen	2055 Lifecycle Index R6	**	288,583
	Nuveen	2060 Lifecycle Index R6	**	676,982
	Nuveen	2065 Lifecycle Index R6	**	789,865
	Oakmark	Equity and Income R6	**	2,563,717
	Oakmark	R6	**	4,071,590
	Putnam	Large Cap Value Fund R6	**	947,469
	Putnam	Small Cap Growth R6	**	880,282
	Federated Hermes	MDT Mid Cap Growth Fund R6	**	1,077,149
	Federated Hermes	Capital Preservation Fund R6P	**	27,240
	T Rowe Price	Capital Appreciation Fund I	**	685,476
	Reliance Trust	MetLife GAC Series 25053 Class 35	**	37,999
	AQR	Diversifying Strategies Fund R5	**	3,643,303
	American Funds	EuroPacific Growth Fund R6	**	525,610
	American Funds	American Balanced Fund	**	6,391,851
	Carillon Eagle	Mid Cap Growth Fund R6	**	246,229
*	Charles Schwab	Government Money Fund Investor Shares	**	2,280,404
	Hartford	International International Value R6	**	713,801
	Hartford	International Opportunities Fund Cl R6	**	1,575,319
	Principal	Blue Chip Fund R6	**	4,966,199
	WCM	Focused International Growth Fund	**	2,782,843
	BrandywineGLOBAL	High Yield Fund	**	30,899
	DoubleLine	Total Return Bond Fund I	**	207,818
	FPA	New Income Fund	**	55,261
	Guggenheim	Total Return Bond	**	924,827
	Pimco	Income Fund Institutional Class	**	2,380,814
	Self-managed accounts	Various	**	68,381,102
	Total investments			658,308,140
*	Notes receivable from participants	Interest rate of 2.25% to 10.50%, with varying maturity dates	-	3,411,679
				$ 661,719,819

* Identifies a party-in-interest to the Plan.
** Information not required for participant-directed investments.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► One Focus Retirement Plan

Employer Identification Number:► 20-8161914

For plan year (ending):► 12/31/2025 Plan number:► 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Please see attached Auditor's Report			